RECEIVED CENTRAL FAX CENTER

PTO/SB/08A (08-03)

| Under the Paperwork Reduction Act of 1995. | AUG .1. 7. 2005 | | demark Office; U.S. DEPARTMENT OF COMME nation unless it contains a valid OMB control nu | |
|--|-----------------|--------------------|---|--|
| Substitute for form 1449/PTO | | Complete if Known | | |
| | | Application Number | 10/003,675 | |
| | | Filing Date | 10/31/2001 | |

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many cheets as necessary)

| , | | | | | |
|---|------------------------|-------------------|--|--|--|
| | Application Number | 10/003,675 | | | |
| | Filing Date | 10/31/2001 | | | |
| | First Named Inventor | Thomas D. Hanan | | | |
| | Art Unit | 2137 | | | |
| | Examiner Name | Jeffrey D. Popham | | | |
| | Attorney Docket Number | K35A1023 | | | |
| | | | | | |

| Examiner | Cite | Document Number | Publication Date | Name of Patentee or | Pages, Columns, Lines, Whore |
|------------|--|---|------------------|-----------------------------|--|
| initala* | No.1 | Number-Kind Code ^{2 (7 Incom)} | MM-DD-YYYY | Applicant of Cited Document | Rolevant Passages or Relevan Figures Appear |
| JP | 1 | ^{US-} 6,772,281 | 08-03-2004 | Hamlin, Christopher L. | |
| JP | 2 | ^{US-} 6,901,481 | 05-31-2005 | Olson, Thomas | |
| <u> 36</u> | 3 | ^{US-} 6,360,322 | 03-19-2002 | Grawrock, David | |
| <u>J6</u> | 4 | US- 6,317,815 | 11-13-2001 | Mayer et al. | |
| <u> </u> | 1 | US- | | 1. | |
| | 1 | US- | | | |
| | - | US- | | | |
| | 1 | US- | | | |
| | | US- | | | |
| | | ÚS- | | | |
| | | ÚS- | | | |
| i | | US- | | | |
| | 1 | US- | | | |
| | - | US- | | | |
| | +- | US- | | | |
| | \dagger | US- | | | |
| | + | US- | 1 | | |
| | + | US- | - | | |
| | +- | Us- | | | |

| | · | FORE | IGN PATENT DOCU | Name of Patentee or | Peres Columns Lines. | T |
|-----------------------|------|--|-----------------|-----------------------------|---|---|
| Examiner Initials" | No. | Foreign Patent Document | Data | Applicant of Cited Document | Pagas, Columns, Linas, Where Relevant Passages | 1 |
| iriiyais | 110. | Country Code ³ Number ⁴ "Kind Code ³ (<i>U known</i>) | MM-DD-YYYY | | Or Relevant Figures Appoor | T |
| - | | | | | | L |
| | | | | | | |
| | | | | | | L |
| | | | | | | |
| | | | | | | I |
| | - | | | | | ۲ |

| | | | _ |
|-----------------------|------|-------------------------|---|
| Examiner Signature | as h | Date Considered 9/24/05 | |

EXAMINER: Initial II reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. "Applicant's unique citation designation number (optional). "See Kinds Codes of cuspro Patant Documents at www.uspip.gov or MPEP 901.04. "Enter Office that issued the document, by the two-letter code (MPD Standard ST.3)." For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patient document. "Mind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible." Applicant is to place a check mark here if English language Transistion to attached.

This collection of information is required by 37 CFR 1.97 and 1.88. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 2 hours to complete unduring gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND 10: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND 11/9 var need assistance in completing the form, cell 1-800-PTO-9199 (1-800-786-9199) and select option 2.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.